

never seen any account of it, but it seemed to me so practical, and to be such a source of pleasure to the little sick ones, that I hoped the idea might be suggested to someone who contemplated furnishing and endowing a children's ward.

STATE REGISTRATION *

By MRS. L. ALICE CHAMBERS

Superintendent Grace Hospital Training-School, Detroit, Mich.

THE attempt to furnish a paper on "State Registration" cannot be one which essays to bring to you many new ideas, for it is a subject which has already been written upon by physicians and some of the brightest members of the nursing profession, who have viewed the subject from every side and every possible stand-point, the summaries of which writings are conclusive argument for that which we of the State of Michigan and other States are striving to-day.

Scanning the pages of *THE AMERICAN JOURNAL OF NURSING* alone one is surprised at the rapid growth of the movement, and we who have not kept pace with it question, What was its origin? What are its motives and benefits? How has it and shall it be obtained? and What of its future?

The origin of *State organization* was the outcome of the necessity felt by the nurses themselves for a higher standard of education and for improvement in their chosen profession, a natural consequence following the organization of the "Society of Superintendents of Nurses," which was established for *educational purposes*.

The first person to suggest State registration was Mrs. Strong, of the Glasgow Infirmary, and the subject has been agitated in England for many years. Miss Sophia Palmer was the first person in this country to put a working plan on paper, the outline of which was read before the New York State Federation of Women's Clubs at their meeting held in Rochester, N. Y., in November, 1899. This outline has been the basis for the work done since.

About the same time Miss Sylveen Nye, the first president of the New York State Graduate Nurses' Association, organized in April, 1901, advanced ideas along the same line, although her plan was somewhat different. The publicity given the subject at this time set the ball a-rolling.

* Read at the meeting of the Michigan State Nurses' Association in Grand Rapids, March 1, 1905.

Interesting papers bearing upon the subject were read at the International Council at Buffalo by Mrs. Fenwick, representative from Great Britain, and Miss Nye. The following quotation from the paper of the latter will be interesting to us, as it tells briefly what their aims were in taking first steps for State registration: "We desire and expect to accomplish four things: uniform qualification, uniform curriculum, uniform final examinations conducted by the Regents, and the legalization of the title of nurse."

The closing words of the paper by the former sounds a note of counsel to us to-day the same as it did to them four years ago: "I have endeavored to deal with general principles on which a *common ground of agreement* may be found rather than with details on which differences of opinion are certain to exist. I only hope, and that most earnestly, that the deliberations of this congress on this vitally important question to our profession may result in the determination of some more ground of action on which we shall be agreed, for which we can all cordially work together, and which shall in the future bring about the best possible system, whatever that may prove to be, of organization for the nursing profession and of State registration of trained nurses."

The pioneer States in the movement for State registration were North Carolina, New Jersey, Virginia, New York, Maryland, and Illinois, the first five succeeding in securing the passage of a bill, Illinois being unsuccessful only through the Governor's veto.

Thus far each of the States having State registration, excepting New Jersey, has a State Board of Examiners consisting of five members, all or a part of which have been appointed from members of the State association of nurses.

We need dwell but briefly upon the past of a subject which is making its own history with such rapidity daily, for other questions and inquiries regarding it are of more importance to us.

Although it is the nurses who are the prime movers for State registration, they are not the only ones to experience its benefits, for improvement along any line of work must conclusively have a beneficial influence wherever it reaches. A patient obtaining the services of a nurse will very soon learn to distinguish between the one thoroughly qualified to care for his case, strictly professional and truly ethical in every way, at the same time not forgetful of the little niceties of the sick-room, which are so much appreciated by the patient and for which the practical nurse alone is so often given credit. Education of the public to distinguish the trained from the untrained nurse must be done by deed as well as word; otherwise our aim in securing State registra-

tion—to classify, as it were, all persons doing nursing—will be lost sight of, and the laity be as ignorant of the kind of nursing which they have a right to expect as heretofore. Not that we wish to abolish the practical nurse, for there is a field for her also; but that in justice to the patient and the nursing profession she *practise* her profession *as* such.

Another real menace to the patient is the probationer who may have spent only a short period in some hospital and who dons the uniform and unscrupulously receives the remuneration due the graduate nurse, also the graduate from the so-called "Correspondence Schools of Nursing." When these are eliminated, which can be done only by the protection afforded by the State through legal measures, much of the calumny now directed against the nursing profession will be done away with.

To the physician, who is responsible to the patient and the patient's friends for the care of his case, the movement for State registration should appeal strongly. Under existing circumstances he has no means, especially in a strange city, of ascertaining the quality of nursing likely to be furnished when securing the services of a nurse. The legal right, to possess the title "R. N." would be a guarantee to him of a certain amount of intelligent care for his patient. More than this, he would have a means by which he might obtain redress for poor results caused by ignorance on the part of an incompetent nurse.

It has proven a good policy to do away with "quacks" in the medical profession. Why is it not quite as important to sift the nursing profession and free it from all incompetency, for the erring nurse is capable of undoing all the physician or surgeon has been able to accomplish. It is a cardinal principle of the nursing profession to be loyal to the physician. Why should not the physician reciprocate this courtesy to the nurses and aid them in their efforts to elevate the standard of the nursing profession?

One of the most noticeable facts attendant upon the attempt to secure State registration is the apparent indifference on the part of some nurses regarding the subject, especially those engaged in private practice, whom it seems this would benefit most. Nurses engaged in institutional work must guarantee efficiency to fill the position, but the practice of the nurse on private duty may be appropriated by many. How, then, can she afford to be indifferent to the situation, since the thousands being graduated annually only increase the danger? It means more than this, however: it means that with a definite standard and greater requirements a decidedly greater obligation devolves upon us to fulfil these requirements. In doing this we reap the greater benefits

arising from mutual association, protection, and the advancement of the nursing profession.

Through State registration the gain to nursing schools would be inestimable. In order to prepare nurses to meet the requirements of the adopted standard, which should be uniform throughout the country, hospitals and schools will be obliged to furnish material for the instruction of the pupil-nurse. A hospital providing a limited experience, or having no definite course of theoretical instruction, with possibly only indifferent teaching, would not be eligible for registration, nor its graduates allowed to register. This will not only give to the nurses much better instruction, but make the instruction more uniform, resulting in an excellency of work which in time will eliminate from the profession all those of only mean ability. As is already predicted, "The time is fast approaching when to acknowledge yourself not a 'registered nurse' will be to admit that you are below the standard."

Having already defined what we mean by "State registration," that it is a legal means by which a prescribed standard of educational requirement may be brought into effect, at the same time to establish a name for that standard, also to impress upon the minds of all that it is in no-wise a "trust," as is already feared, and that this does not interfere with any person doing nursing so long as he or she does not claim to be a registered nurse, we now ask, how shall we obtain precedence at court, as it were, and gain a hearing? It has been the experience of all States dealing with the subject that first of all the bill should be both broad and elastic enough to allow all who at the present time are not eligible to try for State registration to become so if they desire. Each and every nurse must coöperate in the movement, and in order to do this intelligently we must study the bills of States already having State registration and also the bills pending; be familiar with both the strong and weak points of each; understand the subject fully; get the influence of the physicians with whom we come in contact; obtain the influence of the press, for through it the public mind gets in touch with and is made receptive of new ideas and movements; and, last of all, work for it at this and all subsequent meetings until the end sought is obtained.

Just a word regarding the *future* of our subject. With us at some future time, as with the medical profession to-day, the question of "reciprocity" will be the most important question of the day. Would it not be well to bear in mind these facts, that inasmuch as the requirements of each State may vary according to its individual needs and conditions, nevertheless, if the standards are made as nearly uniform as possible much arduous labor and many difficulties will be abolished

which otherwise would greatly impede the progress of reciprocity. To quote from Miss Nutting's very able paper on this point in the future of State registration: "This much is open to us now: In framing laws we may do so with distinct reference to future reciprocal relations, and in each State we should aim at establishing a standard sufficiently high to prevent its exclusion from other States." Also, "One thing we must realize, that is, the ideals which inspire the growth of any educational work must change from year to year; they cannot remain fixed and unalterable; they must grow, and we must grow with them if we wish to be worthy of our great responsibilities and really great opportunities.

THE WAR AGAINST MALARIA IN ITALY

BY ANGELO CELLI

Institute of Hygiene of the University of Rome

TRANSLATED FROM THE ORIGINAL

BY L. L. DOCK

(Continued from page 374)

[After some scientific discussion which we are compelled to omit the account continues:]

But the most extensive and fruitful inquiries are those which have been made in the most important field, from the point of view of practical results, that of prophylaxis. The first steps taken by Casagrandi and myself had for object the destruction of the mosquitoes. The results obtained in my laboratory were very encouraging. But in the unlimited field of practice the difficulties were such that one could hardly, in this way, accomplish the extirpation of malaria except in special cases. Our attempts to find a preventive serum remained equally fruitless.

On the other hand, the most practical results were given us by quinine and by mechanical protection against the sting of the mosquito. Quinine has long been employed as a specific in malaria either to cure an infection already received—curative treatment, or to obtain an artificial immunity induced by the drug—preventive treatment.

As regards the first of these two types of treatment, we were able to add to the testimony that there are fevers so obstinate as to recur in spite of even prolonged treatment with quinine alone or associated with arsenic and iron. This is why treatment, even the best and most intensive, applied in the præepidemic period only, does not prevent, in the